

# **Application Data Sheet**

## **Application Information**

Application number::	Not yet assigned
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	Methods and Apparatus for Rehabilitation and Training
Attorney Docket Number::	414/05368
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	40
Small Entity?::	Yes

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full capacity
Given Name::	Omer
Family Name::	Einav
City of Residence::	Kfar Monash
Country of Residence::	Israel
City of mailing address::	Kfar Monash
Country of mailing address::	Israel
Postal or Zip Code of mailing address::	42875

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full capacity  
Given Name:: Haim  
Family Name:: Einav  
Street of Residence: 28 Shlush Street  
City of Residence:: Tel Aviv  
Country of Residence:: Israel  
City of mailing address:: Tel Aviv  
Country of mailing address:: Israel  
Postal or Zip Code of mailing address:: 65149

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full capacity  
Given Name:: Benny  
Family Name:: Rousso  
Street of Residence: 12 Henry Bergsovel Street  
City of Residence:: Rishon-Lezion  
Country of Residence:: Israel  
City of mailing address:: Rishon-Lezion  
Country of mailing address:: Israel  
Postal or Zip Code of mailing address:: 35935

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full capacity  
Given Name:: Doron  
Family Name:: Shabanov  
Street of Residence: 34 Hadkalim Boulevard  
City of Residence:: Zur-Igal

Country of Residence:: Israel  
City of mailing address:: Zur-Igal  
Country of mailing address:: Israel  
Postal or Zip Code of mailing address:: 44862

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full capacity  
Given Name:: Eran  
Family Name:: Katzir  
Street of Residence: 12 Amnon Vetamar Street  
City of Residence:: Rosh-Ha'ayin  
Country of Residence:: Israel  
City of mailing address:: Rosh-Ha'ayin  
Country of mailing address:: Israel  
Postal or Zip Code of mailing address:: 48580

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full capacity  
Given Name:: Gad  
Family Name:: Binyamini  
City of Residence:: Moshav Hagor  
Country of Residence:: Israel  
City of mailing address:: Moshav Hagor  
Country of mailing address:: Israel  
Postal or Zip Code of mailing address:: 45870

## Correspondence Information

Correspondence Customer Number :: 44909

## Representative Information

<b>Representative Customer Number::</b>	44909	
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## Domestic Priority Information

<b>Application ::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This application	National Stage of	PCT/IL2005/000140	02/04/05
PCT/IL2005/000140	An application claiming the benefit under 35 USC 119(e)	60/542,022	02/05/04
PCT/IL2005/000140	An application claiming the benefit under 35 USC 119(e)	60/566,079	04/29/04
PCT/IL2005/000140	An application claiming the benefit under 35 USC 119(e)	60/566,078	04/29/04
PCT/IL2005/000140	An application claiming the benefit under 35 USC 119(e)	60/604,615	08/25/04

PCT/IL2005/000140	An application claiming the benefit under 35 USC 119(e)	60/633,428	12/07/04
PCT/IL2005/000140	An application claiming the benefit under 35 USC 119(e)	60/633,442	12/07/04
PCT/IL2005/000140	An application claiming the benefit under 35 USC 119(e)	60/633,429	12/07/04

[This application has no foreign priority claims]

### Assignee Information

Assignee name:: Motorika, Inc.  
Street of mailing address:: Nerine Chambers  
City of mailing address:: P.O. Box 905, Road Town, Tortola  
Country of mailing address:: British Virgin Islands